VERNICK & GOPALLIC Ear, Nose and Throat Specialists



DAVID M. VERNICK, MD, FACS Chief of Otolaryngology, Assistant Clinical Professor, Harvard Medical School Beth Israel Deaconess Medical Center Otology, Neurotology, Skull Base Surgery

HARSHA V. GOPAL, M.D., FACS Assistant Clinical Professor, Harvard Medical School Rhinolgy, Sinus Disorders, Snoring/Sleep Apnea, Head and Neck Surgery

CECILIA V. TRAN, MD Clinical Instructor, Harvard Medical School Rhinology, Sinus Disorders, Laryngology, Head and Neck Surgery

ANN STOCKWELL, MA, CCC-A Director of Audiology

RACHEAL RUSH, MCD, CCC-A
Audiologist

TRACY BLAIR, MS, CCC-A Audiologist

KERRY COHEN, AU.D., CCC-A Audiologist

POST-OPERATIVE INSTRUCTIONS MASTOIDECTOMY/TYMPANOPLASTY

Precautions

1. Activity Level:

- No heavy lifting, strenuous exercise, bending at waist for two to four weeks following surgery. After that you may gradually resume your normal activity level.
- You may engage in light activity such as walking during the first two weeks post-operatively.
- Do not drive a car until after the first post-op visit.
- Do not take an airplane flight until four weeks post surgery.

2. Keep water out of operated ear:

- This precaution should be observed until you are told otherwise.
- Once the ear dressing is removed (about one week after surgery), you may wash your hair and shower. It is ok to get water on the incision line behind the ear, but do NOT allow water to get into the ear canal. Place cotton in the outer ear and put Vaseline on the outer portion of the cotton during showers (making a waterproof plug).
- No swimming until instructed otherwise.

3. Do not blow your nose:

- This precaution should be observed for one month following surgery.
- Sniffing is permitted.
- Sneeze with mouth open.

Medications

- Antibiotics are often prescribed during the first week after surgery.
 Follow instructions on the prescription bottle.
- Usually Tylenol is sufficient for relief of post-operative discomfort. If this is not sufficient, you may use the prescription pain medication.
- Call the office if pain is not relieved by the prescription pain medication.
- Do not take aspirin (or aspirin containing products) for two weeks after surgery since aspirin interferes with blood clotting.

Dressings

- It is probable that you will be sent home with a wrap-around ear dressing. Keep this dry at all times and do not attempt to change it. It will be removed at the first post-operative office visit.
- If skin grafts were taken from the arm (or elsewhere), keep the
 plastic dressing dry. There is no need to change this dressing
 which will also be removed at the first office visit.

 After the ear dressing is removed change the cotton in the outer ear once or twice daily. Make sure to wash your hands thoroughly before handling the cotton. It is normal to have a light staining of blood on the cotton for the first few days after the bandage is removed.

Packing Removal

- Packing is placed in the ear at the time of surgery.
- The packing will be removed in the office one week after the surgery.
- After the packing is removed, you may have a small amount of blood-tinged drainage from the ear.

Hearing

- Hearing will be poor as long as there is packing in the ear.
- Crackling, popping or squishing sounds are often heard in the ear while packing is in place.
- After the packing is removed it will take some time perhaps several months - before the final hearing level is established.

Call the office if you experience:

- Dizziness
- Nausea and/or vomiting
- Diminution, fluctuation or distortion in the hearing following packing removal
- <u>Severe</u> ear pain mild "shooting" pain during the first 4 to 6 weeks after surgery is normal.
- Profuse drainage from the ear
- Persistent temperature > 101° F

Bruising and/or swelling may occur around the eye on the same side as the operated ear. This swelling maximizes at 36-48 hours after surgery and will resolve without treatment.